

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 784 246		FILING DATE 02.15.01				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
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35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47	1						97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	40						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						